PAGE 1 / 4

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) EADERSHIP MATTERS FOR AMERICA PAC, INC. PO BOX 999 ADDRESS (number and street) (Check if address is changed) **EDISON** 08818 NJ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS ron@rongravino.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2017 C00571778 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Gravino, Ronald, , , Type or Print Name of Treasurer Gravino, Ronald,,, [Electronically Filed] 03 2017 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

FF0 F	www.4. (Davided 00(0000)	Danis O	
TYPE OF C	rm 1 (Revised 02/2009) COMMITTEE	Page 2	
	e Committee:		
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)		
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)		
Name of Candidate			
Candidate Party Affiliati	on Office Sought: House Senate President	State	
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.		
Name of Candidate			
Party Con			
(d)	· · · · · ·	(Democratic, Republican, etc.) Party	
Political A	ction Committee (PAC):		
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)			
	Corporation Corporation w/o Capital Stock	Labor Organization	
	Membership Organization Trade Association	Cooperative	
	In addition, this committee is a Lobbyist/Registrant PAC.		
(f) x	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	gregated fund or party	
	In addition, this committee is a Lobbyist/Registrant PAC.		
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)		
Joint Fund	Iraising Representative:		
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political	
Com	mittees Participating in Joint Fundraiser		
1.	FEC ID number		
2.	FEC ID number		
3.	FEC ID number		
4.			

FEC Form 1 (Revised (12/2009)		Page 3
Write or Type Committee Name			. 490
	MATTERS FOR AMERIC	CA PAC INC	
	rganization, Affiliated Committee, Joint Fundr		nip PAC Sponsor
NONE		•	
Mailing Address			
	CITY	STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint	Fundraising Representative Lea	dership PAC Sponsor
 Custodian of Records: Ider books and records. 	tify by name, address (phone number optiona	I) and position of the person in pos	session of committee
Gravino, R	onald, , ,		
Full Name	PO BOX 999		
Mailing Address			
		, NJ , ,08818	
	EDISON	NJ 08818	
Title or Position	CITY	STATE	ZIP CODE
Treasurer		ephone number 732 - 7	248 - 4178
8. Treasurer : List the name and any designated agent (e.g., a	l address (phone number optional) of the trea ssistant treasurer).	surer of the committee; and the nar	me and address of
Full Name Gravino, R	onald, , ,		
Mailing Address	PO BOX 999		
3			
	EDISON	NJ 08818	. _
	CITY		ZIP CODE
Title or Position Treasurer		ephone number 732 - 2	248 - 4178
	icit	opnione number	

FEC Form 1 (Rev	vised 02/2009)		Page 4
Full Name of Designated Agent DANLI	EY, ROBIN, , ,		
Mailing Address	515 W CHELTEN AVE		
	PHILADELPHIA CITY	PA 1 STATE	2IP CODE
Title or Position Assistant Treasurer	Telephon	ne number 732	_ 248 4178
safety deposit boxes or i Name of Bank, Deposito	ry, etc.	ommittee deposits fund	s, holds accounts, rents
TD	BANK		
Mailing Address	1398 U.S. 9		
	OLD BRIDGE TOWNSHI	NJ 0	08857
	CITY	STATE	ZIP CODE
Name of Bank, Deposito	ry, etc.		
Mailing Address			
=			
-			